

## **FOOD AND BEVERAGE AGREEMENT**

Williamsburg Community Building  
401 North Boundary Street  
Williamsburg, VA 23185  
(757)220-6127, (757)220-6140

This application to serve food and/or alcoholic beverages must be completed and returned with the Reservation Agreement to the City of Williamsburg. The applicant must read and abide by the Policies and Procedures governing the use of the Community Building at 401 North Boundary Street. For additional information, please contact the Public Works & Utilities Office at (757)220-6140.

### **APPLICANT INFORMATION**

Contact Person's Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

### **PROGRAM INFORMATION**

Please check the appropriate line for type of banquet license to be requested from the Alcoholic Beverages Control Commission (if applicable).

- ☐ Type I: Private-Example: Wedding Party-no money from guests
- ☐ Type II: Special Event-Example: Public-Selling Admission Tickets
- ☐ Type III: Special Event: Example: Cash Bar

(There is an extra charge with the ABC Commission for this license)

The original form of the banquet license from Alcoholic Beverage Control Commission of Virginia must be presented to the Public Works & Utilities office **at least 10 days prior to the event.**

Name of caterer (if applicable) \_\_\_\_\_

Telephone number of caterer \_\_\_\_\_

Please read the following statement before signing:

I have read and understand the Policies and Procedures governing the use of the Community Building at 401 North Boundary Street and understand that the refund of my deposit paid is contingent upon my adherence to these policies and procedures. I agree that I will not seek any liability compensation from the City of Williamsburg or its employees or designees in conjunction with the use of the Community Building at 401 North Boundary Street.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*FOR OFFICIAL USE ONLY\***

Date Application Received \_\_\_\_\_

Time Received \_\_\_\_\_

Priority Classification: ☐ Government ☐ Non-Profit/Association  
☐ In-City ☐ Out-of City

Total Amount Due \$ \_\_\_\_\_

Total Paid to Date \$ \_\_\_\_\_

Comments:

Application is: APPROVED

DENIED

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_